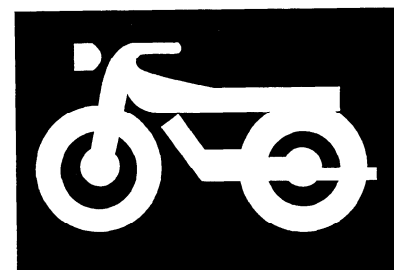
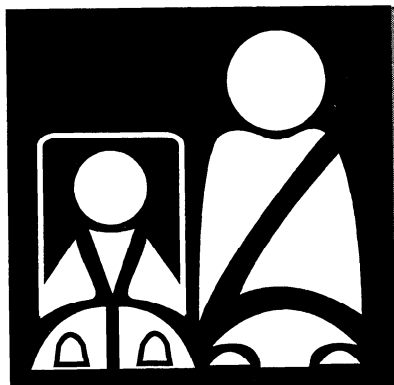


Moving Forward:

Expanding

Collaborations

*Between Traffic Safety
and Public Health*



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Table of Contents

Introduction	ii
Arizona: Buckle Up Baby	1
Black Hawk County, Iowa: Arrive Alive Community Traffic Safety Program	7
Missoula, Montana: Traffic Safety Task Force	13
North Dakota: “We Care How You Ride—Say Yes To Seat Belts” And “Buckle Up And Win”	19
West Valley City, Utah: Reduction Of Child Pedestrian Injuries	25

Introduction



A state highway safety office and public health agency have a long history of working together on child passenger restraint issues and have come to appreciate and understand the resources and expertise each can offer: When a referendum on a seat belt law needs quick and large-scale support, professionals from the two agencies are willing and able to coordinate their efforts. A seat belt referendum is passed.

In another state, the public health injury prevention office and the highway safety bureau have worked together on occupant protection issues for many years. When the highway safety office identifies a pedestrian injury problem among children in a particular community, they rely on the injury prevention staff to help develop and coordinate an intervention project. Following this intervention, pedestrian injury rates among the targeted age group remain flat while rates among all other ages increase.

The examples above are drawn from the five case studies in this booklet. They demonstrate several important benefits of collaboration between highway safety and public health professionals.

. Working together on one specific project can lead to institutionalization of the collaborative process.

In the cases described here, staff from health and highway safety agencies became acquainted with each other while working together on one issue, for example the promotion of a seat belt law. Through this experience, each gained an appreciation of what the other can bring to an issue.

Because of this collaborative effort, when the need arose to address a different traffic safety problem, highway safety and public health staff again worked together. Their collaborative efforts are not dependent on funding, but rather are based on an appreciation of the strengths each agency can bring to an issue.

. The strengths each agency contributes to a project result in a more effective intervention.

Joint activities are most likely to reduce injuries and to be cost effective when they utilize the networks (law enforcement professionals, health care providers, etc.); resources (funds, data, educational materials); and expertise (program planning, public information, data analysis, evaluation, etc.) each agency has to offer. The public health community's ability to

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Ari zona:

Buckle Up Baby

Arizona: *Buckle Up Baby*



The health and highway safety offices in Arizona have developed a comprehensive project to increase car seat use by combining training, public education, citizen reports of non-use, and increased availability of seats to low-income populations.

A History Of Collaboration

The highway safety and public health offices have appreciated the value of collaboration since at least the late 1980s when they both joined a safety belt coalition. Funded by Traffic Safety Now, the coalition successfully advocated for passage of a safety belt law in 1990. The law was provisional, however; proponents had to prove that it was cost effective before it would become permanent. The highway safety office looked to the health department for injury data and funded a trauma center to determine the costs of safety belt use compared to nonuse. Health professionals were able to document the cost benefits of a belt law and the law became permanent.

Highway safety staff report they are impressed with the resources the health department has committed to injury prevention over the years. The maternal and child health program

has staff dedicated to child passenger safety as well as a comprehensive injury prevention program. Staff in the disability prevention program, funded by the Centers for Disease Control (CDC), also focus on injury prevention. Disability prevention program staff note that their work gained greater visibility among highway safety professionals when, in compliance with a recommendation from CDC, disability staff invited highway safety staff to participate in their advisory council.

Combining Strengths To Increase Car Seat Use

In 1993, highway safety and public health professionals attended the child passenger safety workshops sponsored by NHTSA and the Office of Highway Safety. They learned that despite Arizona's law requiring that children under five ride in car seats, more than 50 percent of deaths or serious injuries to children in this age group involved crashes in which no child restraint device was used. Based on their knowledge of each other's strengths, it was a natural step for highway safety and public health staff to decide on a coordinated approach to addressing the problem of child passenger deaths and injuries.

Professionals from each agency formed a committee and included law enforcement, highway safety, state and county public health professionals, and Safe Kids volunteers to broaden community awareness and enlist community participation. The committee began by conducting media campaigns, organizing a system for reporting children not in car seats, and soliciting ongoing support for low-cost car seats.

As the project evolved from a few professional training sessions to a statewide initiative, each agency contributed its expertise and resources. Highway safety brought its expertise on child passenger restraint issues, made available its NHTSA resources, and provided access to the law enforcement community. Highway safety also demonstrated its experience with public information campaigns and professional training and its ability to accomplish tasks quickly.

The public health agency also had much to offer; most of it was an effective complement to highway safety's expertise. In particular, it brought the ability to apply an epidemiological model to a problem such as child motor vehicle injuries. While highway safety directed its efforts toward making an immediate impact on the problem, public health could take a long-term approach to developing and evaluating a prevention program that would affect societal attitudes. They could also provide access to a network of health care providers who are in contact

with low-income populations in need of car seats.

The specific project components are described below.

Train-the-Trainer Workshops

The first workshop focused on the value of car seats, their correct use, the types of seats, etc. and was sponsored by NHTSA. The workshops, now sponsored by the state highway safety office, can accommodate 30 professionals, usually including law enforcement, county health department, hospital, and fire department staff. The participants then serve as trainers, returning to their work settings to train staff, volunteers, and clients on the value of car seats, their correct use, and sources of help in obtaining them.

The highway safety office uses several NHTSA resource guides for the training, among them Protecting Our Own and Child Passenger Safety Resource Manual. The health department is exploring the possibility of a two-year collaborative effort with the highway safety office to design and evaluate a training manual for the train-the-trainer program. Evaluation measures will be developed to assess the training materials, workshop, and overall program.

Promoting Car Seats and Reporting Violations

The child passenger restraint committee soon discovered community resources eager to help. Midas, the national muffler franchise company,

made the committee aware of their “Safe Baby Program,” which offers reduced-cost car seats. Simultaneously, members of the committee read about Massachusetts’ Safe Kids program, which is a system for reporting children not buckled into car seats.

Based on this information, the committee developed a project which combines an 800 number reporting system with public information messages about reduced-cost seats.

The reporting system combines the efforts of various agencies and community organizations. Calls to the 800 number are logged onto the voice mail of the Community Traffic Safety Program located at the police department. Registry of motor vehicle personnel retrieve the messages and check license numbers. Highway safety staff send out information packets—previously stuffed by a local community volunteer group—telling the car owner about the law and how to obtain low-cost car seats.

Information about the 800 number is widely disseminated by both state highway safety and public health offices. The highway safety office gives out 800-number bumper stickers. The state health department disseminated 50,000 800-number bookmarks to libraries. Health and highway safety staff have encouraged local newspapers, TV, and radio stations to publicize the program through editorials, news stories, public service announcements, and during interviews. In addition, groups represented on the committee such as

law enforcement staff, fire-fighters, nurses, and Safe Kids staff all distribute materials about the project at health fairs and at parent forums. Their efforts have resulted in more than 3,200 800-number calls in the past year.

Increasing the Availability of Car Seats

Arizona does not have an extensive car seat loaner program, but the health department and other medical providers use a variety of methods to distribute seats. In addition to the seats provided at low cost through Midas Muffler, three local Safe Kids Coalitions (supported by the state MCH agency), distribute seats. WIC, the nutrition program for low-income women, also distributes seats. A county physicians’ organization raised \$9,000 for seats. In addition, the Phoenix Health Plan recently announced it will give low-income patients free car seats.

An epidemiologist from the health department and staff from the highway safety office are working together to identify data sources that would enable them to determine the cost effectiveness of the use of child passenger restraints. With this information, they plan to recommend that child passenger safety seats be included as an allowable cost under Arizona’s Medicaid system.

Evaluation

Post-training assessments are conducted to determine if participants

found the information and format useful and to ask them whether changes should be made. Next year, the health department may design and conduct evaluations of the training manual and the workshops.

The 800 number is evaluated by counting the number of calls, their origin, and the location of the child in the car. After six months, highway safety staff found that 62 percent of the unrestrained children were sitting on the front seat passenger's lap. They will repeat this analysis at 12 months. The results of an observational survey of car seat use have not yet been published.

Resources

This project required funds for the telephone, staff, and materials. The 800 number, run by volunteers, costs approximately \$250 per month.

Funds, materials, and staff are provided by the Governor's Office of Highway Safety, the state and county health departments, Safe Kids programs, a physicians' group, Midas Muffler, and the Phoenix Health Plan. An English/Spanish brochure was produced by highway safety staff and printed in-house.

The health and highway safety offices hope to find corporate sponsors for the 800 project if the evaluation shows it is effective. In addition, they are encouraging hospitals to resume loaner programs; and they are working to convince Medicaid to cover the cost of seats.

Continued Collaboration: Motorcycle Safety—"Get It On"

The health and highway safety offices have not confined their collaboration to child passenger safety. The success of that effort has led to a new initiative promoting helmet use and motorcycle safety through an educational program that began with the development of six public service announcements.

Based on data available from the Governor's Office of Highway Safety, 16 to 24 year olds were identified as a particularly high-risk group. A series of educational programs was developed to reach this age group. The program reinforces the messages in the public service announcements; it promotes motorcycle safety (including helmet use) for riders and motorcycle awareness for motorists. Initially the program will be offered through school assemblies and driver's education classes. The second phase of the program will target community colleges and the state university. The third phase will target the workplace. Pre- and post-tests of knowledge, attitudes and behavior will be used to evaluate the program.



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Black Hawk County, Iowa:

*Arrive Alive
CommunityTraffic
Safety Program*



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CommunityTraffic
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Combining Strengths To Build A Traffic Safety Program

The Black Hawk Health Department's involvement in occupant protection issues convinced its staff of the need to expand its efforts to other traffic safety problems. The success it had achieved in one area meant that the traffic safety bureau was open to the idea of supporting a larger project.

Using a public health approach to the traffic injury problem, the health department staff conducted a comprehensive needs assessment of its community. They compiled information on the community's demographics and traffic system; education, enforcement, and criminal justice agencies and the medical community; and rates of alcohol use, traffic crashes, and seat belt use. With this information, the health department was then able to make a compelling case to the traffic safety bureau for a community traffic safety program (CTSP) grant.

A health educator and a program manager, both located at the health department, coordinate the CTSP's committee members and law enforcement subcontractors. (The health educator is funded by a highway safety grant; the program manager by the health department.) The entire group of 45 to 50 includes law enforcement, fire, EMS, and health professionals; educators; engineers; a representative from the Federal Highway Administration; and consumers. Local bicycle and motorcycle shops

and other businesses have also become closely involved in the work of the CTSP.

The CTSP has five subcommittees: bicycle, pedestrian, and skateboard; youthful impaired driver; motorcycle; high-risk traffic locations and work areas; and self-sufficiency. The subcommittees meet monthly, while the chairs of each subcommittee hold a separate monthly meeting.

Bringing Jurisdictions Together

Black Hawk County has five jurisdictions—two cities and three small rural towns. Prior to the establishment of the CTSP, police, fire, and EMS professionals in each jurisdiction had not collaborated on traffic safety programs. However, by conducting a comprehensive needs assessment, the health department was able to clarify the role each agency could play. This information, combined with the fact that the health department was able to act as a neutral broker, encouraged representatives from the various jurisdictions to come to the table and focus on a variety of projects of common interest. Working alongside other members of the task force, each of these independent agencies has gained an appreciation of what others can contribute.

The work of the high risk traffic locations and work areas committee demonstrates the value of the cross-jurisdictional approach. A specific example is a manual called Emergency Detour Routes, developed by local traffic engineers using strate-

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• CTSP members work with local representatives to introduce legislation that would put a surcharge on traffic citations; CTSPs could apply for funds out of this pool.

• The CTSP will receive part of the extra funds allocated to the traffic safety bureau. This shift is the result of federal legislation requiring that states without motorcycle helmet laws move funds from highway departments to highway safety offices.

• The CTSP supports a proposal that would give traffic safety programs a portion of the fees collected from participants in the defensive driving course required of those convicted of driving violations.

Evaluation : Methods And Results

The traffic safety bureau collects data on crash rates, property damage, fatalities, and seat belt usage. The state health department reports on fatalities. Seat belt usage rates outside the city limits have increased. Fatalities decreased from 1992 to 1993 and injury rates have decreased slightly.

Resources

Currently, 402 funds from the traffic safety bureau are used for a part-time health educator, overtime enforcement, specialized equipment, training, travel, and educational materials. The health department provides an in-kind match with the program

manager's salary and other clerical and administrative support.

In fiscal year 1993, approximately 40 agencies and volunteers donated 1,620 hours to fulfill the grant objectives. Law enforcement agencies provided 760 hours of overtime enforcement and generated 1,257 contacts. The county extension service gives day care providers information on car seats. Businesses and private groups have given funds and donations to cover meeting expenses, travel, and advocacy-activities that traffic safety grants cannot cover. Bike shops and bike clubs provide low-cost bike helmets. One Harley Davidson shop helps CTSP members staff booths at county fairs and distributes safety information.

Future Collaboration

The traffic safety bureau will continue to support the efforts of the county health department, even after its grant ends, by providing technical assistance, resources, contacts, and training. In addition, the traffic safety bureau will require that any individual agencies in Black Hawk County seeking funds from its office must coordinate their efforts with the Arrive Alive program.



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Missoula, Montana:

Traffic Safety Task Force



The Missoula City-County Health Department coordinates a Community Traffic Safety Program (CTSP). The CTSP draws on the expertise and resources of the state highway safety office, the local law enforcement community, and many other groups. These groups collaborate to take innovative approaches to a variety of traffic safety problems, including teen drinking and driving.

History of Collaboration

The highway safety office and the county health department recognized the value of working together to address motor vehicle-related injuries as far back as 1982. At that time, in response to rising rates of driving under the influence (DUI), the state highway safety office began looking for a community-level focal point for traffic safety activity. While law enforcement, engineering departments, and advocacy groups each have areas of expertise and roles to play in reducing impaired driving, none of them has overall responsibility for addressing the problem by conducting a community assessment, developing prevention activities, evaluating the program successes, etc. The highway safety office felt that

the local health department would be the logical place to coordinate such activities, and the health educator in the Missoula City-County Health Department readily agreed.

The health department convened a community task force and conducted an assessment to determine how the county's arrest and conviction rates compared to national data, how their motor vehicle injury and death rates compared to rates due to other causes and to state and national rates, and who else should be involved in the effort to reduce DUI.

After coordinating an effective program for several years, in 1987 the health department was one of many county health departments to receive state funds for its DUI activities. (The DUI fund was established by the legislature in response to the success of the Missoula Task Force as well as several other task forces. The DUI funding comes from a portion of the license reinstatement fees charged to convicted DUI violators.) Based on the success of its work with the health department over the years, the highway safety office felt confident in supporting health department staff to undertake a broader range of traffic safety issues, and the CTSP was formed.

Combining Strengths To Reduce Teen Impaired Driving

A full-time health educator in the Missoula City-County Health Department coordinates the task force. The 45 members are appointed by the mayor and county commissioners and include law enforcement professionals, engineers, community leaders and government officials, insurers, alcohol retailers, educators from elementary and secondary schools, universities, and drug and alcohol treatment counselors.

The task force is divided into several committees and deals with seat belts, DUI, crash reduction (engineering changes), and integrated traffic records and assessment. While the entire group meets once each year, the committees meet more frequently.

DUI prevention is just one subcommittee of the larger task force; however, this case study focuses on the task force's efforts to reduce teen impaired driving as one example of the value of combining and coordinating the expertise of public health, highway safety, and many other professionals to address a traffic safety problem. The health department contributes its knowledge of adolescent health and development and health promotion/injury prevention strategies, as well as its strengths in data collection and analysis, coalition building, and program evaluation. Highway safety provides its expertise in traffic safety research and public education, and contributes traffic crash data, access to police both as

law enforcers and spokespersons, and access to the judicial system. Other key players in the task force's DUI efforts include substance abuse prevention and treatment professionals, judges, and schools.

Several of the task force projects address DUI among the general population; other projects target specifically youth. The following are examples of some of the activities that demonstrate the role of health and highway safety professionals.

Problem Identification/Needs Assessment

- The computerization and assessment committee collects, analyzes, and disseminates to task force members data from three sources: police records of citations and crashes; engineering department records for inventories and maintenance of traffic control devices and traffic counts; and health department records of child safety seat rental, safety belt usage, and DUI arrest data.
- The state highway safety office conducts local public opinion polls every year by adding questions to the Health Risk Behavior Survey. The results are given to the task force, enabling members to track and address opinions about the **DUI problem**, attitudes about drinking and driving, knowledge about effects of alcohol, etc.
- Community Youth-In-Possession Assessment-The task force conduct-

ed phone surveys of 100 county-sponsored programs that address teen drinking. Then they compared the programs' goals to a framework based on principles of adolescent development and risk taking to see what strategies were missing, and what changes needed to be made. Task force members later presented their findings to a special community meeting at which everyone who has anything to do with teens, alcohol, etc., were present. By employing this comprehensive approach, they gained support for future intervention strategies.

Enforcement/Legislation

- The health department allocates some of its DUI grant funds for overtime for DUI enforcement. This relationship helps the health department to access police data more easily.
- Through RADD (Report a Drunk Driver), citizens are encouraged to report erratic drivers to police. Police responded to over one-third of the reports, and over half of those investigations resulted in an arrest.
- The task force is advocating for stricter laws for teens and better enforcement of possession and DUI laws for underage drinkers. Task force staff brought together judges, youth court, and law enforcement personnel to address two problem areas that surfaced during the Community Youth-In-Possession Assessment: (1) lack of communica-

tion among courts, schools, and parents when teens are caught drinking; and (2) a failure of many teens and parents to take the youth court seriously. According to the perceptions of many of those surveyed, the youth court is overburdened and slow. In addition, because cases heard there must remain confidential, respondents were not aware of the court's impact on the problem. The task force is considering a proposal by a county judge that underage impaired drivers go to regular court rather than youth court. The health department has the opportunity to participate in this process as a result of working with law enforcement and judges on the task force.

Education

- Server/seller training: Health department staff and law enforcement often do joint trainings for bars and convenience stores, where many teens are able to purchase alcohol. They are assisted by the coordinator of "Insight," the program to which youth-in-possession are referred. The trainers find that many store managers are unaware of youth possession laws. The trainers also find that the presentations are much more effective when both health and law enforcement participate; law enforcement personnel are particularly effective because they explain the laws and they show how people try to circumvent them.
- Programs in schools: The task force

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- Programs in schools: The task force

Communities that have task forces in place have a demonstrably higher level of support for enforcement of traffic safety laws. The most visible example of the effectiveness of task forces can be seen in the 1988 referendum of the seat belt law. In counties with task forces, the law received overwhelming support, enough in fact to offset the vote in the majority of counties which did not approve the seat belt law.

The success of the DUI task forces has given credibility to the whole concept of a comprehensive, systemic approach to solving public safety problems.

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North Dakota:
*“We Care How You
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North Dakota:

“We Care How You Ride— Say Yes To Seat Belts’ And “Buckle Up And Win”



The traffic safety and health departments in North Dakota have developed complementary projects designed to increase public awareness of the value of seat belts and to educate them about North Dakota’s recently passed safety belt law.

History Of Collaboration

Their long history of working together made it relatively easy for staff from North Dakota’s traffic safety and public health departments to carry out a quick, coordinated, comprehensive seat belt promotion project. Staff from each agency have collaborated since the late 1970s on a variety of projects. They first worked together on a project to promote child passenger safety. After attending the first national child passenger safety workshop, traffic safety and public health staff agreed to jointly advocate for a law requiring child passenger seats. Following the law’s 1984 passage, the traffic safety office funded the health department to coordinate a car seat loaner program.

Traffic safety staff report that working with public health on child passenger safety and other projects (e.g., state lifesavers conferences and bike helmet promotion) has demonstrated the value of linking the approaches and resources of the two agencies. By committing staff to injury prevention, the maternal and child health (MCH) office in the health department has extended motor vehicle injury prevention efforts beyond what the traffic safety office alone could support. Further, MCH professionals enhance traffic safety’s messages, because they are highly credible spokespersons for injury prevention. The value of the health department’s network of local public health offices was demonstrated when North Dakota became one of the first states to have car seat programs in every county; the majority of these programs are located in city, county and district health departments.

By working together on a variety of projects over time, staff from each

agency have learned how to draw on each other's strengths to make specific tasks more efficient. For example, when developing public information materials, they use the excellent graphic capabilities of the health department and the photographic support of the traffic safety office.

Combining Strengths To Promote Seat Belts

The strengths of each agency had to be rapidly mobilized in 1993. A safety belt law passed in March 1993 but was suspended pending a referendum vote in June 1994. The traffic safety and health departments sponsored two projects, "We Care How You Ride-Say Yes to Seat Belts" and "Buckle Up and Win," each designed to build public support for the safety belt referendum.

In the "Say Yes to Seat Belts" project, nurses, Community Traffic Safety Programs, and community activists worked together to educate the public through a speaker's bureau, a media campaign, and messages from health care providers. In the "Buckle Up and Win" campaign, law enforcement and many other groups promoted seat belt use by offering incentives to wearers. Through the efforts of health and highway safety departments, the referendum to retain the law won by 51.8 percent.

Say Yes to Seat Belts

"Say Yes to Seat Belts" was a campaign that drew on the health department's ability to frame seat belt

use as a health issue, as well as the traffic safety office's expertise in public education. It also utilized two important networks to disseminate the safety messages-the health department's network of medical providers and the traffic safety office's network of Community Traffic Safety Programs (CTSPs).

Health and traffic safety offices were able to comply with restrictions on legislative advocacy by funding and coordinating educational efforts while relying on private groups to advocate for the law. All groups agreed on a consistent message: health and traffic safety offices promoted "Say Yes to Seat Belts," private organizations promoted "Say Yes to the Seat Belt Law."

The key components of the project were as follows.

Nurses Speakers Bureau

The state nurses association and the health department recruited 90 to 100 private and public health nurses who were willing to speak on the seat belt law. The health department developed a slide show and conducted four regional workshops to train speakers on seat belt issues. A letter and postcard promoting the slide show presentation were sent to almost 1,000 civic groups, organizations, and senior citizen centers throughout the state. Post cards requesting a presentation were returned to the nurses association and then forwarded to the regional community traffic safety program. The regional CTSP director

then coordinated the presentations at the local level, linking the nurse speakers with the community groups wanting a presentation. Approximately 190 presentations were given during the project period.

Promotion by Personal Health Care Providers

The health department sent out 1,000 posters and 5,000 buttons to health care providers urging them to encourage their patients to buckle up. One emergency room physician was a particularly strong advocate on talk shows and through letters to newspapers.

Using Child Passenger Safety Awareness Week to Promote Safety Belts

Each February, the state health department coordinates Child Passenger Safety Awareness Week activities. This year's week used the theme "Buckle Up for Us-Say Yes to Seat Belts." Efforts were aimed at encouraging adults to buckle up for our children. Educational materials included coloring and activity sheets, stickers, zipper pulls, and sipper cups. Children asked adults to sign a pledge card to buckle up for ten days. Local activities were carried out by public health nurses, community traffic safety programs, and law enforcement agencies. A place mat aimed at grandparents was placed in senior citizen centers throughout the state.

Media Campaign

The health and traffic safety offices produced and aired commercials for radio and TV with a "Say Yes to Seat Belts" message. Funds raised by the nurses association, medical association, health insurers, and auto manufacturers were used to produce commercials with a "Say Yes to the Seat Belt Law" message.

Buckle Up and Win

"Buckle Up and Win" was an incentive program for seat, belt users, coordinated at the state level by the highway patrol, traffic safety office, nurses association, and the health department. The health and highway safety networks—nurses and local law enforcement professionals—carried out the program at the local level. (For example, police began promoting seat belts as a safety issue, rather than as a legal one.) Having law enforcement officials, nurses, and community people involved in the incentive campaign gave it wide visibility and credibility. Key project activities included soliciting prizes and awarding them to buckled-up drivers.

Soliciting Prizes

Members of the highway patrol and state nurses association solicited many prizes from McDonald's, Hardees, and others. Funds from the nurses association were used to purchase larger prizes such as a TV and VCR. An airline, which chose to remain anonymous, donated free

tickets on its planes. The health department and traffic safety office provided tote bags, sports bags, and seat belt shoulder guards with "Buckle Up" messages.

Awarding Prizes

Law enforcement and community health nurses and the volunteers in the CTSP (including students, activists, etc.) gave out the prizes to people they saw buckled up. Along with the prize, people received a postcard to enter the larger sweepstakes, in which they could win airline tickets, a TV, a VCR, and other prizes.

Sweepstakes Promotion

The traffic safety office provided funds to produce a television ad promoting the contest. The Maternal and Child Health Division of the health department purchased media time to air the commercials. Radio public service announcements and news releases were provided to local agencies to distribute within their communities. Sixty thousand place mats were printed and placed in restaurants throughout the state to encourage occupants to "buckle up and win."

Evaluation

The success of the project can be measured by the fact that the referendum passed. In addition, a process evaluation indicated that over 190 presentations were given and over 8,000 cards were submitted to the "Buckle Up and Win" sweepstakes. Health department staff plan to ana-

lyze whether voters were more favorable to the law in areas where more presentations were given. The traffic safety office also conducted a safety belt use survey prior to the election and will replicate it in 1995 for comparison.

Resources

The traffic safety office provided funds for producing educational TV and radio commercials, educational materials such as posters and buttons, and some of the incentives, such as key chains. The health department used Maternal and Child Health Block Grant funds for educational commercials and materials, slides, and the coordinator's time. They will continue to fund this position. The nurses association, as well as the medical association, health insurers, and car manufacturers funded commercials promoting the seat belt law. They also provided some of the more expensive incentives.

The nurses association and health department recruited the speakers for the speakers bureau. The community traffic safety programs coordinated the speakers at the local level and occasionally gave the presentations themselves. Drive-in restaurants and others also supplied incentives.

Continued Collaboration

A petition drive was successful in gathering enough signatures to place a measure on the November 1994 ballot to repeal the seat belt law. The health department, department of

transportation, and nurses association again joined forces to educate the public on the benefits of seat belt use laws and the law was retained. The health department is developing educational materials and using its existing toll-free number that citizens can call for answers to questions about the law.

Nurses and law enforcement will continue to work together. County nurses and sheriffs are generally located in county court houses; so they have a history of working together on child passenger safety, impaired driving, etc. They will promote the seat belt law together by setting up booths at fairs, distributing materials through established channels, etc. They will also develop a joint plan on where to go from here.

The office of highway safety is now willing to fund the head and spinal cord injury prevention program, "Think First." The health department will direct funds to the nurses association which will coordinate this program.

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West Valley City, Utah: *Reduction Of Child Pedestrian Injuries*



West Valley City, Utah, has developed a comprehensive community approach to reducing pedestrian injuries among five to nine year olds. This project reflects collaboration among the state highway safety and public health agencies as well as among public health, law enforcement and others at the local level.

History Of Collaboration

When the state highway safety office received notice from the National Highway Traffic Safety Administration (NHTSA) that funds were available for pedestrian injury prevention, they asked the state health department to work with them on this new initiative. Highway safety and public health staff had worked together since 1985, beginning with efforts to promote seat belt legislation. In that collaborative effort, highway safety staff were convinced that the public health approach to safety belt promotion was more effective than a law enforcement one; that is, health professionals were able to portray safety belt use as a health measure, they had access to injury data and

health care costs, and they had an organized network through which to spread their message.

The highway safety office gained a further appreciation of public health's organizational structure when they collaborated on an effort to promote child passenger safety. The state public health agency was able to establish car seat loaner programs in many local health departments.

The highway safety office notes that the health department's strong childhood injury prevention program demonstrates a commitment to injury prevention and to youth. Highway safety can staff turn to public health as partners when seeking to address a motor vehicle injury problem among children.

Combining Strengths To Reduce Pedestrian Injuries Among **School-Age** Children

Utah has a high rate of pedestrian injuries, especially among children. The child pedestrian injury rate among five to nine year olds was particularly acute in West Valley City, a rapidly expanding community within commuting distance of Salt Lake

City. Recognizing this problem, and knowing the effectiveness of the health department's Child Injury Program (ChIP), the state highway safety office and NHTSA gave the state health department a total of \$60,000 (\$30,000 each from NHTSA pedestrian injury prevention funds and matching state highway safety funds) to impact pedestrian injuries in West Valley City. Highway safety and public health officials enlisted the support of West Valley City's mayor early in the process. At the time, the mayor was under pressure from his constituents to respond to two recent child pedestrian deaths; he was therefore very supportive of the agencies' proposal to conduct a community program in his town.

The program quickly took shape. Based on recommendations from ChIP staff, the mayor established a Community Traffic Safety Committee made up of individuals and agency representatives who could bring a wide range of expertise to an analysis of the problem. Police officers, a city planner, an engineer, the state highway safety and public health agencies, a city councilor, school principals, health educators, and local health department staff were all included on the committee.

The committee soon discovered that the high incidence of pedestrian injuries in their community had multiple causes and required a broad-based solution. The committee adopted a community approach, employing enforcement, education,

and data-linkage strategies. Highway safety and public health professionals divided tasks, each addressing issues within its own area of expertise. The health department took the lead in collecting and analyzing data; both highway safety and health contributed their expertise in health education; and highway safety provided access to the law enforcement community.

Data Collection and Analysis

The health department staff obtained data from the local hospital's emergency department on the 51 children who had been injured or killed as pedestrians in the past year (including time of day, location, and severity). They combined this information with police reports on location, road conditions, and other factors, and created a map indicating the high-incidence areas.

Enforcement

Police stepped up their enforcement efforts in the high-incidence areas, using speed traps and increased fines. The highway safety office gave police a small grant for overtime enforcement of school zones. Police, who had never before been able to identify high-risk areas, were now writing more detailed reports on pedestrian injuries, and were clearly more interested in helping to alleviate the problem.

Police not only issued tickets, they also began to educate. They talked to children in the crosswalks and to parents dropping off their chil-

dren. Police welcomed the shift from their usual reactive role and became aggressive, proactive participants in educating the community.

Engineering

Town engineers changed the location of crosswalks and adjusted the timing of traffic lights. Members of the committee visited high-risk areas. When they found tree limbs, vehicles, etc., obstructing a roadway, they would inform the engineer, who usually responded quickly. This was very reinforcing to the committee and to the town—they could see that action was being taken.

Education

ChIP offered each school a \$500 mini-grant if it could devise creative proposals on safety issues for the money's use. Fourteen of the area's 18 schools applied and were awarded the mini-grant. Projects ranged from safety fairs to equipment for crossing guards to educational films.

With the help of data collected by the health department, principals became aware of dangerous areas near their schools. Eighteen schools instituted the Wary Walker curriculum, a program for five to nine year olds developed by the Harborview Injury Prevention Research Center. This curriculum engages students in many safety activities, both individually and together with their parents. The health department duplicated materials (paying appropriate royalties to Harborview) and now supplies

additional workbooks as needed. The students take workbooks home and answer questions with their parents' help. McDonald's donated coupons for students who bring back their completed workbooks.

Health and highway safety staff gave presentations on pedestrian safety at back-to-school nights at all the city's schools. Committee members developed and distributed a poster of children running out in the street, and a pamphlet, emphasizing that parents need to teach appropriate behavior. To ensure greater effectiveness, a miniature version of the poster, with a letter from the mayor on the back, was sent out with water bills. The committee also created radio spots and encouraged TV and newspaper coverage.

Evaluation

The program has been effective. Although pedestrian injury rates in West Valley City are increasing, the rates among five to nine year olds have held steady.

The health department used a survey sheet they designed to conduct observations of students' behavior at control schools and at intervention schools before the program and three weeks, six months, and one year after using the Wary Walker curriculum. They noted positive behavior changes that appear to be long-term. Observations were made that will enable program planners to refine future education and enforcement efforts—for example, children were

more observant of safety rules in the morning than in the afternoon.

Observations of parent behavior (how they drive near the school, where they let their children out of the car, etc.) also revealed long-term improvements, although surveys of parental knowledge and attitudes indicated that many had not been impacted by the educational messages of the project.

Evaluators were unable to determine which specific components of the project—curriculum, media, public messages, law enforcement, etc.—had the greatest impact on the children's and parents' behavior.

Project coordinators offer the following lessons:

- Changing crosswalks is easier than changing the behavior of children and, especially, parents. Anyone considering a project similar to this one should thoroughly assess parental attitudes, knowledge, and behaviors at the outset of the project and draw on research about adult learning to effect changes.
- Coordinating activities of various departments in city government takes time, patience, and commitment from all involved. It's essential to do a lot of groundwork before starting; begin with a small area to insure early success, and involve the mayor or other government officials.
- Law enforcement has a lot of competing demands; it helps to provide them with information that proves

pedestrian injuries is a priority problem.

Resources

Two \$30,000 grants from NHTSA (403) and highway safety (402) paid for state-level salaries in the health department. They also paid for supplies and materials. The health department also contributed considerable in-kind help to the whole project.

Schools included Wary Walker in their curricula. The school district was supportive and encouraged local schools to participate. The PTA was very helpful in providing access to parents.

Local businesses were also supportive. Waste Management, a city contractor, put messages on their trucks and paid for the flyer that was included in all utility bills. McDonald's donated coupons for students involved in the Wary Walker curriculum. A drug store sponsored a poster contest and gave a television as a prize.

The West Valley City gave much in-kind support.

Ongoing Collaboration

The Community Traffic Safety Committee continues to operate, with support from the city, even after highway safety funds have ended. Schools continue to use the Wary Walker curriculum, businesses still support public education efforts, and police receive a small grant for overtime enforcement in school safety

zones, and the highway safety staff continue to provide technical assistance.

West Valley City police shared their ideas with the county sheriff's department to use in various unincorporated neighborhoods and towns. Several aspects of this project have been duplicated in these unincorporated areas: overtime police enforcement, including Wary Walker in most schools, and providing mini-grants.

Highway safety/public health collaboration will continue at the state level. The highway safety office has selected several other high-risk communities to fund in the coming year and the state health department will provide resources and assistance. In one rural community, a local health department will coordinate the pedestrian injury prevention project.

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